

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES FOOD ESTABLISHMENT INSPECTION REPORT

TIME IN TIME OUT DATE PAGE 1 of

NEXT ROUTINE INSPE	CTION, OR SUCH SHORTER PER	RIOD OF TIME AS MA	AY BE SPE	CIFIED I	N WRIT	ING BY T	HE REG	ACILITIES WHICH MUST BE CORRECULATORY AUTHORITY. FAILURE TO		
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED ESTABLISHMENT NAME:		OWNER:		554110		JR FUUL	PERSON IN CHARGE:			
ADDRESS:		1	ESTABLISHMENT NUMBER:				COUNTY:			
CITY/ZIP:		PHONE:	PHONE:		FAX:			P.H. PRIORITY : H	М	L
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATERE SCHOOL SENIOR		l Mer F.P.		GROCEI	RY STOR	E	INSTITUTION MOBILE VI TEMP.FOOD	ENDOR	S
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other							
FROZEN DESSERT Approved Disa License No.	approved Not Applicable	SEWAGE DISPOSA PUBLIC PRIVAT	>	COMN	UPPLY IUNITY			COMMUNITY PRIVATE Sampled Results		
		RISK FACT		D INTE	RVENT	IONS				
								ntrol and Prevention as contributing facto	rs in	
Compliance	eaks. Public health interventions Demonstration of Kn				mpliance	s or injury	/.	Potentially Hazardous Foods	COS	S R
IN OUT	Person in charge present, demo and performs duties	nstrates knowledge,		IN (OUT N	I/O N/A	Proper	cooking, time and temperature		
	Employee Hea	Ith		IN (OUT N	I/O N/A	Proper	reheating procedures for hot holding		
IN OUT	Management awareness; policy	present		IN (I/O N/A		cooling time and temperatures		
IN OUT	Proper use of reporting, restriction Good Hygienic Pra				<u>OUT</u> OUT			hot holding temperatures cold holding temperatures	_	
IN OUT N/O	Proper eating, tasting, drinking o	r tobacco use				N/O N/A	Proper	date marking and disposition		
IN OUT N/O	No discharge from eyes, nose ar	id mouth		IN	OUT N	I/O N/A	records			
IN OUT N/O	Preventing Contamination Hands clean and properly washed			IN	OUT	N/A		Consumer Advisory ner advisory provided for raw or		
IN OUT N/O No bare hand contact with ready-t								boked food Highly Susceptible Populations		
IN OUT Adequate handwashing facilities s accessible				IN	OUT N	T N/O N/A Pasteurize offered		rized foods used, prohibited foods not		
	Approved Sour	се					Ullereu	Chemical		
IN OUT Food obtained from approved source				IN	OUT			dditives: approved and properly used		
IN OUT N/O N/A	Food received at proper tempera	lture		IN	IN OUT I OXIC SUDS			ubstances properly identified, stored and		
IN OUT	i oba in good contaitoni, care and anada				Complian			nformance with Approved Procedures ance with approved Specialized Process		
IN OUT N/O N/A	destruction			IN				CCP plan		
IN OUT N/A	Protection from Conta Food separated and protected	amination		The	letter to	the left of	f each ite	m indicates that item's status at the time	of the	
IN OUT N/A				insp						
Proper disposition of returned, previously served,				IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed						
	reconditioned, and unsafe food		OD RETAIL	DBACT		=Correcte	d On Site	e R=Repeat Item		
	Good Retail Practices are prevent					ogens, ch	emicals. a	and physical objects into foods.		
IN OUT	Safe Food and Water		COS R	IN	OUT		ŀ	Proper Use of Utensils	COS	R
	urized eggs used where required and ice from approved source			_				roperly stored ent and linens: properly stored, dried,		
Waler	and ice non approved source					handled		ent and intens. property stored, dried,		
Food Temperature Contro					Single-use/s Gloves used			-service articles: properly stored, used		
Adequate equipment for temperature contr Approved thawing methods used						Gioves i		ils, Equipment and Vending		
Thermometers provided and accurate							d nonfoo	d-contact surfaces cleanable, properly		
Food Identification						Warewa	igned, constructed, and used rewashing facilities: installed, maintained, used; test			
Food properly labeled; original container					strips used Nonfood-contact surfaces clean					
Prevention of Food Contamination						Listand				
Insects, rodents, and animals not present Contamination prevented during food preparation, storage				-	Hot and cold water available; adequate pressure Plumbing installed; proper backflow devices					
and d	and display Personal cleanliness: clean outer clothing, hair restraint,			_						
fingernails and jewelry				Sewage and wastewater properly disposed						
Wiping cloths: properly used and stored						Toilet fa				
Fruits and vegetables washed before use						e/refuse p				
Person in Charge /T	Title: LMOLL							Date:		
Inspector:	whent		Т	elepho	ne No.	PHE		Follow-up: Yes	١	No
MO 580-1814 (9-13)		DISTRIBUTION: WHITE -	OWNER'S COP	ΡY	(CANARY – FI		Follow-up Date:		E6.37



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	OOD ESTABLISHMENT IN	NOPECTION REPORT			PAGE ² of		
ESTABLISHMEN	T NAME	ADDRESS		CITY /ZIF	2		
FOOD PRODUCT/LOCATION		TEMP. in ° F	CT/ LOCAT	ION	TEMP. ir	n ° F	
Code		PRIORITY I	TEMS			Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEIN	e elimination, prevention or reduction VE IMMEDIATE ACTION within 72	n to an acceptable level, hazar hours or as stated.	rds associated	d with foodborne illness	(date)	
Code Reference	Core items relate to general sanitation	CORE ITE	: MS tructures, equipment design, c	peneral mainte	enance or sanitation	Correct by (date)	Initial
	Core items relate to general sanitation standard operating procedures (SSO	Ps). These items are to be correct	ted by the next regular insp	ection or as	stated.		hin
							rinc
		EDUCATION PROVI	DED OR COMMENTS				
Person in Ch	arge /Title:	/			Date:		
Inspector: 1/	arge /Title: KMOL	7	Telephone No.	PHES No.	Follow-up:	Yes	No
	atting thrust		i ciopitorio i io.		Follow-up Date:		